



APPLICATION FOR DEMOLITION

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011

Ph: 636 227 1385 Ext. 107; Fax: 636 821 8099

THIS IS NOT A PERMIT. This is only an application of notification for the City of Manchester and acts as authorization for St. Louis County to issue permits. Two sets of disconnect and County Health Dept information is required. A non-refundable **\$25 fee** is required.

PLEASE PRINT

PROPERTY OWNER			
ADDRESS			
PHONE		CELL	






CONTRACTOR/APPLICANT			
COMPANY NAME			
ADDRESS			
PHONE/EXTENSION		FAX	

DETAILS OF PROPERTY

Location of Demolition			
Dates of Demolition	From _____	To _____	Total Days _____
Exterior Building Material (Describe)			
Square Footage of Property (Footprint)	sq. ft.	Stories	<input type="checkbox"/> One Story <input type="checkbox"/> Two Story
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Septic Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT

A letter from each utility company and County Health Department must accompany this application.

	Gas Disconnected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Water Disconnected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Electric Disconnected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MSD Sewer Disconnected	<input type="checkbox"/> Yes <input type="checkbox"/> No
	County Health Dept. - Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the information contained in this application is correct and that I will conform to all applicable laws of the City of Manchester.

Owner/Contractor _____ Date _____

FOR OFFICE USE ONLY

City of Manchester Permit # _____	
Approved By _____	Date _____
Director of Planning and Zoning and Economic Development	
Demolition Fee	<input type="checkbox"/> Fee paid on _____ Amount: _____